

Boodaghians 1999-0711

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

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Patent Application

| | | | |
|-------------|--|----------------|--------------------------|
| Inventor(s) | Samson Boodaghians | Case Name | Boodaghians 1999-0711 |
| Filing Date | 6/7/2000 | Serial No. | 09/589,464 |
| Examiner | Toan D. Nguyen | Group Art Unit | 2665 |
| Title | Loopback Capability for Bi-Directional Multi-Protocol Label Switching Traffic Engineered Trunks | | |

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

AMENDMENT

In response to an Office action dated June 3, 2004 please amend the above-identified application as follows:

10/20/2004 JBALINAN 00000017 500732 09589464

01 FC:1201 1232.00 DA

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 09/589,464 |
| Filing Date | 6/7/2000 |
| First Named Inventor | Samson Boodaghians |
| Examiner Name | Toan D. Nguyen |
| Group/Art Unit | 2665 |
| Attorney Docket ID | Boodaghians 1999-0711 |

Total number of pages in this Submission: this page, plus

13

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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ENCLOSURES (check all that apply)

If Fee Form is not included, but a fee is due, the Commissioner is Authorized to charge Deposit Account No 500732 of Henry T. Brendzel, and consider that appropriate requests have been made.

☒ Fee Form ☐ Check included

☒ Amendment/Response

☐ After Final

☐ Affidavit(s)/Declaration(s)

☒ Extension of Time Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority document(s)

☐ Response to Missing Parts/
Incomplete Application

☐ Response to Missing Parts
under 37 CFR 1.2 or 1.53

☐ Declaration (no Missing Parts Notice)

☐ Assignment Papers
(for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition Routing Slip (TO/SB/69)
and Accompanying Petition

☐ To Convert a Provisional Application

☐ Power of Attorney, Revocation or
Change of Correspondence Address

☐ Express Abandonment

☐ Terminal Disclaimer

☐ To Convert to Statutory Invention
Registration

☒ Postcard(s)

☐ Small Entity Statement

☐ Request for a Refund

☐ After Allowance Communication
to group

☐ Appeal Communication to Board of
Appeals and Interferences

☐ Appeal Communications to Group
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☐ Other

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name

Henry T. Brendzel

Signature



Date

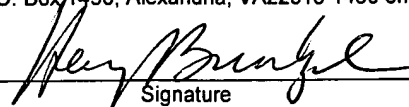
10/7/04

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as service in an envelop addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA22313-1450 on this date:

Henry Brendzel

Name of Person Signing



Signature

Date

10/13/04
HTB

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being electronically transmitted by facsimile to the United States Patent Office:


Name of Person Signing

Signature

Date



PTO/SB/17 Modified 12/98 – Henry Brendzel

| | | | |
|---|------|----------------------|---|
|  <p>FEE TRANSMITTAL</p> | | Complete if Known | |
| | | Application Number | 09/589,464 |
| | | Filing Date | 6/7/2000 |
| | | First Named Inventor | Samson Boodaghians |
| | | Examiner Name | Toan D. Nguyen |
| | | Group/Art Unit | 2665 |
| TOTAL AMOUNT OF PAYMENT | (\$) | 1662 | Attorney Docket ID Boodaghians 1999-0711 |

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|---|--|---|--|---------------------------------|
| METHOD OF PAYMENT: | Payment enclosed: <input type="checkbox"/> | Check <input checked="" type="checkbox"/> | Deposit Account <input type="checkbox"/> | Other: <input type="checkbox"/> |
| The Commissioner is hereby authorized to charge indicated fees and other underpayments, and credit overpayments to: | | | | |
| Deposit Account Number | 500732 | Deposit Account Name | Henry T. Brendzel | |
| ENTITY STATUS: | <input type="checkbox"/> Small Entity Status is hereby requested | | | |

| FEE CALCULATION | | | | | | |
|---------------------------|------------------|-------------------|-------|------|--------|----------|
| 1. FILING FEE | Fee Description | | | | | Fee Paid |
| | | | | | | |
| | | | | | | |
| 2. CLAIMS | Claims remaining | Highest Paid | Extra | Rate | Amount | Fee Paid |
| Total No. of Claims | 29 | 80 | 0 | 18 | | |
| Independent Claims | 21 | 7 | 14 | 88 | 1232 | |
| Multiply Dependent Claims | | | | | | |
| | | SUBTOTAL (2) (\$) | | | | 1232 |

[illegible]

| | | | | | |
|-----------------------|--|---|--|---------------------------------|----------------|
| SUBMITTED BY | | | | Complete (if applicable) | |
| Typed or Printed Name | | Henry T. Brendzel | | Reg. Number 26,844 | |
| Signature | |  | | Date | 10/7/04 |
| | | | | Deposit Account User ID | |